FedBizOpps

**Sources Sought Notice**

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**CLASSIFICATION CODE**

**SUBJECT**

**CONTRACTING OFFICE'S**

**ZIP-CODE**

**SOLICITATION NUMBER**

**RESPONSE DATE (MM-DD-YYYY)**

**ARCHIVE**

**DAYS AFTER THE RESPONSE DATE**

**RECOVERY ACT FUNDS**

**SET-ASIDE**

**NAICS CODE**

**CONTRACTING OFFICE**

**ADDRESS**

**POINT OF CONTACT**

(POC Information Automatically Filled from

User Profile Unless Entered)

**DESCRIPTION**

**See Attachment**

**AGENCY'S URL**

**URL DESCRIPTION**

**AGENCY CONTACT'S EMAIL**

**ADDRESS**

**EMAIL DESCRIPTION**

**ADDRESS**

**POSTAL CODE**

**COUNTRY**

**ADDITIONAL INFORMATION**

**GENERAL INFORMATION**

**PLACE OF PERFORMANCE**

**\* = Required Field**

FedBizOpps Sources Sought Notice

Rev. March 2010

G

Five Year Single Award IDIQ for Residential Substance Use

Disorder (SUD) Treatment and Intensive Case Management Svcs

95652-2609

36C26118Q9325

14

N

623220

Department of Veterans Affairs

VA Sierra Pacific Network (VISN 21)

VA Northern California HealthCare System

5342 Dudley Blvd, Bldg 209

McClellan CA 95652-2609

Brian Trahan

brian.trahan@va.gov

Yolo County

**SOURCES SOUGHT NOTICE**

**YOLO COUNTY**

**HCHV CONTRACT RESIDENTIAL TREATMENT SERVICES (CERS)**

Description of Services: Residential Substance Use Disorder (SUD) Treatment and Intensive Case

Management Services on a per diem basis in accordance with Performance Work Statement.

Estimated QTY: 4 Veterans per night

Location: Yolo County

Estimated Period of Performance: October 01, 2018 – September 30, 2023

NAICS Code: 623220

Response Date: July 16, 2018

Contracting Office Address: Department of Veteran Affairs

VA Sierra Pacific Network (VISN 21)

VA Northern California HealthCare System

5342 Dudley Blvd, Bldg. 209

McClellan, CA 95652-2609

Contract Specialist

Only firms interested and capable should send their information and capability statement and any questions by email to Brian Trahan at brian.trahan@va.gov no later than 4:30pm Pacific Standard Time, July 16, 2018. Information should include all the following:

Name of Company

Company Website

Address of Company

Facility size (in square feet)

Facility Address

Number of Beds Available

Capability Statement and copy of business license and insurance

Previous contracts

Licenses

POC Name

Phone

Email Address

References

DUNS number

VIP (if applicable)

Small Business Size

NAICS code

Socioeconomic Status

**NORTHERN CALIFORNIA VA HEALTH CARE SYSTEM**

**HEALTH CARE FOR HOMELESS VETERANS (HCHV)**

**CONTRACTED EMERGENCY RESIDENTIAL SERVICES (CERS)**

**EMERGENCY HOUSING**

1. **BACKGROUND**

Ending homelessness among Veterans was established as a national priority by the Department of Veterans Affairs Secretary, Eric Shinseki, in November 2009 at the National Summit on Ending Veterans Homelessness. In June 2010, the U.S. Interagency Council on Homelessness (USICH) released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness,* which is fully aligned with this goal*.* Eliminating Veteran Homelessness remains one of three Agency Priority Goals for in VA’s 2014-2020 Strategic Plan.

The Health Care for Homeless Veterans (HCHV) program is an essential and critical part of VHA, providing a gateway to VA and community-based supportive services for eligible Veterans who are homeless. HCHV programs provide outreach services; care, treatment, and rehabilitative services, including case management services; and therapeutic transitional housing assistance under 38 U.S.C. 2032 in conjunction with Work Therapy under 38 U.S.C. 1718. The program uses Contracted Residential Services in community locations to engage homeless Veterans who have been underserved. Many of these Veterans would benefit from mental health and Substance Use Disorder (SUD) treatment but will not avail themselves of these services without the encouragement of outreach workers.

1. **PROGRAM DESCRIPTION**

The HCHV CERS Program exists to provide a means of removing homeless Veterans from the street or habitation unfit for humans and placing them in community-based, residential environments with sufficient supportive services to meet their basic needs and ultimately, facilitate the improvement of their overall health status and housing situation.

This program will be located in Yolo County California (See PWS Addendum 1 Zip Codes) and will be for between 1 and 8 beds for men and women (starting with 4 beds). The program should have a minimum establishment of five years in the required zip code. Period of performance begins October 1st 2018.

**B.1. HCHV CERS Program characteristics:**

**B.1.1.** Targets and prioritizes homeless Veterans who are eligible for VA health care, and are

 transitioning from chronic literal street homelessness, Veterans being discharged from

 institutions, and Veterans who recently became homeless and require safe and stable

living arrangements while they seek permanent housing

**B.1.2.** Seeks to reduce barriers to immediate placement

**B.1.3.** Does not require any length of sobriety or abstinence from alcohol or other drugs as a

 condition of admission

**B.1.4.** Provides safe, secure, and wheelchair accessible housing as well as supportive services..

**B.1.5.** Lengths of Stay typically range from 30 to 90 days with the option to extend based on

 clinical need.

**B.1.6.** Veterans are expected to meaningfully engage their case managers and available

 Programming

**B.1.7.** Emphasis is placed on achieving placement in permanent housing or longer term

 residential programs that offer path to increased housing stabilization at the time of

 program exit, and reducing negative exits due to rule violations or other avoidable

 circumstances.

 **B.2.** **House Rules and Expectations**

**B.2.1.** Rules focus on staff and resident safety:

* + No buying or selling of alcohol or drugs in the facility
	+ No use of illicit drugs in the facility
	+ No sexual activity between residents
	+ No violence or threats of violence
	+ Honor nightly curfew

**B.2.2.** When possible, infractions are to be used to engage residents, not simply as grounds for

 service termination. Negative discharges will be monitored as a measure of program quality.

**B.2.3.** Veterans are expected to engage programming and maintain communication with case

 managers at all times around matters relating to admission, stay, and treatment

**B.3.** **Admission Practices**

**B.3.1.** Staff will assist residents with admission forms and eligibility determination with VA

**B.3.2.** Facility works to reduce barriers to admission:

* Accepts referrals throughout day if possible
* Flexibility with admission processes

**B.4.** **Admission Criteria**

**B.4.1.** Homeless Veteran

**B.4.2.** Eligible for VA Health Care

**B.5.** **Overview of Types of Services Available to Residents**

**B.5.1.** Safe, Secure housing (includes shared laundry and restroom facilities)

**B.5.2.** Three daily nutritious meals

**B.5.3.** Case Management and Care Coordination Services

**B.5.4.** Vocational Services

**B.5.5.** Benefits Services

**B.5.6.** Enhancement of Independent Living Skills

**B.5.7.** Permanent/ Transitional housing search support

1. **PERFORMANCE WORK STATEMENT**

**C.1. OBJECTIVE**

The Contractor shall provide emergency housing and supportive services for homeless Veterans in accordance with the HCHV CERS model requirements. Services are expected to consist of supportive, secure housing for homeless Veterans, many of whom may also be dealing with substance use disorders and/or mental illness. The program places an expectation on the Veteran to engage in supportive case management services, and also on the contractor to provide expertise and guidance for improving housing stability to ensure a transition from homelessness to permanent, stable housing. Contractors must comply with all HCHV CERS requirements as identified below.

**C.2. HCHV CERS PROVIDER QUALIFICATIONS & CAPABILITY REQUIREMENTS**

**C.2.1.** Capable of performing outreach or otherwise identifying and referring homeless Veterans with

 substance abuse disorders with a desire to pursue recovery by entering a residential treatment

 program to the contract program;

**C.2.2.** Capable of providing secure, separate housing and bathroom accommodations for males and

 females; common use of kitchen facilities and dining rooms is acceptable;

**C.2.3.** Capable of providing services twenty-four (24) hrs. a day for Veteran placements lasting up

 to ninety (90) days per Veteran. Extensions beyond initial ninety (90) days should be

 authorized in writing by VA Liaison; extensions beyond six (6) months must be prior-

 approved by the Social Work Service Contract Coordinator/ COR;

**C.2.4.** Capable of providing three daily nutritious meals and reasonable accommodation for special

 dietary needs;

**C.2.5.** Capable of offering a means for clients to wash their own clothes or otherwise tend to laundry;

**C.2.6.** Capable of providing secure, appropriate storage for both Veteran belongings and medication;

**C.2.7.** Capable of providing quality case management and treatment services that utilize a Recovery

 Model approach that includes elements of motivational interviewing, harm reduction, and

 critical time intervention ;

**C.2.8.** Capable of maintaining a minimum of one staff member on site at all times to ensure

 appropriate response to matters involving Veteran safety;

**C.2.9.** Capable of providing a working phone line and ensuring reasonably prompt communication

 with the VA is possible at all times;

**C.3 DIRECT VETERAN CLINICAL SERVICES: 60% of time involves direct service to Veterans**

**C.3.1. Occupancy:** The contractor will be responsible for ensuring that a minimally acceptable

level of 80% occupancy (Preferred 90-100% occupancy) of HCHV CERS funded beds is maintained at all times through independent outreach efforts as well as by collaboration with VA.

**C.3.2 Care Planning:** Contractor will engage the veteran in a collaborative assessment of needs,

 including barriers to stable housing, and create an initial plan of care to address those concerns

 within 14 days of admission. This plan is to be updated as needed throughout the Veterans

 episode of care.

**C.3.3. Case Management:** Contractor will provide individual case management meetings at least

 three (3) times per month (preferably once per week) that focus, at a minimum, on: housing

 search and stabilization, increasing income, any necessary coordination of ongoing

 participation in care provided by VA/community medical and/or mental health care providers,

 and ongoing discharge planning.

**C.3.4. Medication Storage:** Contractor is expected to provide, at a minimum, a means of securely

 and properly storing all medications brought into the program for Veteran use. Veterans may

 self-administer medications, but storage should ensure that no other residents are able to

 access an individual Veterans medications. Any suspicion or concern of misuse is to be

 reported to VA Liaison immediately following incident reporting protocol.

**C.3.5.** **Exits to Independent Housing:** The contractor is expected to promote a focus on achieving

 stable, independent housing for all Veterans referred for care; exits to permanent, independent

 housing will be monitored as an indicator of overall program quality utilizing data provided

 by the VHA Support Service Center’s Homeless Service Scorecard – the target rate for exits

 to this type of housing will be 35% or higher (Preferred 50% or higher).

**C.3.6. Negative Exits:** The contractor is expected to facilitate Veteran completion of the HCHV

 CERS Program to the maximum extent possible, while still maintaining program integrity and

 safety; “Negative Exits,” which shall be defined as discharges involving Veterans being asked

 to leave the program due to rule violation or otherwise leaving the program without consulting

 program staff in any way, shall be monitored on a continuous basis utilizing data provided by

 the VHA Support Service Center’s Homeless Service Scorecard – the target rate for these types

 of exits will be 30% or less (Preferred 20% or less).

**Per diem funds** assist homeless veterans by helping to offset operating costs to ensure the availability of supportive housing and service centers tasked with furnishing outreach, rehabilitative services, vocational counseling and training, and transitional housing assistance. *Code of Federal Regulations 38 § 61.30.*

**C.4. ADMINISTRATIVE SERVICES: 40% of time does not involve direct service to Veterans**

**C.4.1. Determination of Eligibility:** The contractor is responsible for determining Veteran eligibility

 for placement into HCHV CERS Bed. A Veteran must be homeless and eligible for VA health

 care in order to be considered for admission to any CERS Program. Failure to establish

 eligibility prior to admission may result in denial of payment for services provided to

 ineligible Veterans.

**C.4.2. Release of Information:** The contractor shall ensure that a signed VA Release of Information

 (ROI) is obtained for any Veteran being admitted to an HCHV CERS Bed and placed into

 individual case record.

**C.4.3. Individual Case Records:** The contractor will maintain an individual case record for each

 referred Veteran. Case records must be maintained in security and confidence as required by

 the Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR part II) and the

 Confidentiality of Certain Medical Records (38 USC 7332), and in accordance with the Health

 Insurance Portability and Accountability Act (HIPAA: Pub. Law. 104–191). Records should

 contain at a minimum: Reason for referral; pertinent demographic information; copies of any

 medical prescriptions/orders issued by physicians; case management/treatment notes; any

 critical incident reports; and a final summary that include reason(s) for leaving, the Veteran’s

 known future plans, and follow-up locator information, if available.

**C.4.4.** **Homeless Management Information System (HMIS) Data Reporting:** Veterans served

 through VA’s HCHV CERS program must have client level data entered into the local

 Community Continuum of Care’s (CoC) HMIS. Data entered must include, at a minimum, the

 Universal Data Elements from the 2010 HMIS Data Standards.

**C.4.5.** **Daily Census Sign-In Sheet:** The contractor is responsible for collecting Veteran participant

 signatures on a daily census sign-in sheet to verify attendance in the program. This

 information is to be provided to the VA Liaison on a daily basis in order to ensure effective

 monitoring of bed utilization.

**C.4.6. Incident Reporting:** The contractor shall notify the VA immediately when *any* adverse

 critical incident involving a Veteran admitted to the program occurs. Critical Incidents shall

 include:

* Falls
* Elderly/Dependent Adult Abuse or Neglect
* Sexual Assault
* Fire (Veteran Involved)
* Medical or Mental Health Emergency (911 Calls)
* Hospitalization
* Suicidal ideation or attempt
* Homicidal ideation
* Assault (of other residents or Staff)
* Death
* Infectious Control Concerns (Bed Bugs, TB, etc.)
* Observation/ Possession of Weapons

 During normal business hours, the identified VA Liaison, HCHV Coordinator or COR should

 be contacted immediately by phone to report such an incident; if the incident occurs after

 hours, the local VA Facility Administrator on Duty (AOD) should be notified, also by

 telephone. A written report to the VA Liaison and/or COR should follow within 24 business

 hours. The report should list known precipitating factors or triggers. Contractor shall maintain

 a copy of all critical incident reports in the involved Veteran’s individual case record.

**C.4.7. Extension Requests:** The contractor is responsible for ensuring that all requests for extension

 of services beyond the initially authorized service period of 90 days are reviewed and

 approved in writing by the VA Liaison (or Social Work Service Contract Coordinator/ COR

 for requests exceeding six (6) months).

**C.4.8.** **Satisfaction Surveys:** When requested, the contractor will be responsible for administering,

collecting, and delivering to VA Liaison a survey of the Veterans experience in the program.

**C.4.9. Discharge Reporting:** The contractor is responsible for notifying the identified VA Liaison

 (or designee) within 24 business hrs. that a discharge has occurred, and for providing a written

 report of discharge that contains the specific data required by the Northeast Program

 Evaluation Center (NEPEC) for documentation of discharge in the Homeless Operations and

 Management Evaluation System (HOMES) within 48 business hrs.

**D. DELIVERABLES**

**D.1.** **QUALITY CONTROL BUSINESS PLAN:** The contractor shall submit a Quality Control

 Business Plan that supports the program objectives and associated tasks. The CO shall review

 and comment as necessary to ensure that contract goals are met.

**D.2.** **STAFFING AND SERVICE PLAN:** The contractor shall provide a detailed staffing and

 service plan. Plan should demonstrate that sufficient professional personnel are employed to

 carry out the policies, responsibilities, and services required under this contract. The Contractor

 must identify each person functioning as “Key Personnel” under this contract, and provide the

 VA with a description of the services to be provided by each person. The Contractor shall assign

 to this contract personnel that by education and/or training (and, when required, certification or

 licensure) are qualified to provide the services required by this PWS. Contractor may be required

 to supply a resume(s) summarizing relevant skills and experience of any/all key personnel upon

 request. Minimum Key Personnel requirements are as follows:

**D.2.1.** One administrative staff member, or designee of equivalent professional capability (with

 the authority to make decisions regarding the facility and residents, or with contact

 information for an offsite administrator in case of emergency), on duty on the premises or

 providing awake supervision of residents and staff 24 hours a day, 7 days a week.

**D.2.2.** Sufficient case management/counseling personnel to provide direct services to Veteran

residents. Case managers should have some training and experience working with homeless individuals; experience working with individuals dealing with chronic medical, mental health and substance abuse problems is highly desirable. Staff working with Veterans should be able to assess, anticipate, and effectively refer Veterans experiencing crises for additional support as appropriate.

 **D.2.4.** At least one staff or security member with CPR certification on site and available in an

 emergency during each shift, 24 hours per day.

The contractor shall provide resumes for any proposed substitutions of key personnel, at least 15 days proposed date of substitution. substitution is to occur. The Contracting Officer shall notify the contractor within fifteen (15) calendar days after receipt of all required information if the VA is able to accept the proposed substitute key personnel. Temporary substitutions of key personnel shall be permitted in accordance with the contractor’s contingency plan. The contractor’s contingency plan to be utilized if personnel leave contractor’s employment or are unable to continue performance in accordance with the terms and conditions of the resulting contract should be submitted to CO as a part of proposal package. The CO is the ultimate authority on acceptable length for temporary substitution of key personnel.

The VA reserves the right to refuse or revoke acceptance of any key personnel if personal or professional conduct, or lack of required skills or experience jeopardizes patient care or interferes with the regular and ordinary operation of the facility and the HCHV CERS Program.

**D.3. DOCUMENTATION OF SUPPORTIVE SERVICES:** The Contractor shall provide written

 documentation constituted by the individual Veteran case record that verifies the provision of all

 supportive services required under this contract for each Veteran participant.

**D.4. CARE PLAN:** The written plan of care shall be completed and entered into the individual

 Veteran case record no later than day 14 days after being admitted to the program.

**D.5. CRITICAL INCIDENT REPORTS:** Written critical incident reports must be submitted to the

 VA Liaison within 24 business hours (VA Liaison/AOD to be notified immediately or as soon

 as possible when incidents occur).

**D.6. EXTENSION REQUESTS:** Written requests for extension are due prior to the 90th day when it

 is anticipated the Veteran will require additional time beyond the initially authorized service

 period, and *prior* to the expiration of the initial and any and all subsequent future extension

 authorizations.

**D.7. DISCHARGE REPORTS:** The HOMES Exit form shall be completed and submitted to the VA

 Liaison within 48 business hours (VA Liaison to be notified within 24 hours of discharge).

**D.8. SATISFACTION SURVEYS:** When Veteran Resident surveys are being provided by VA to the program to give to Veterans, completed surveys are to be returned to the VA Liaison at the end of each month.

**D.9. DAILY CENSUS SIGN-IN SHEET:** The daily census sign-in sheet should be provided to the

 VA Liaison daily; weekend or holiday sign-in sheets are to be provided to the VA Liaison the on

 the next business day.

**D.10. INVOICES:** The monthly invoice is computed at the daily rate multiplied by the total number

 of beds occupied by Veterans at midnight each night of the given month. Invoices should first

 be submitted to the VA Liaison for approval and signature by the 5th of the month immediately

 following the billing period in question. Once approved, invoices are to be submitted through

 the Tungsten Network (Electronic Invoicing System) by the 10th of the month immediately

 following the billing period in question.; all electronic invoices submitted should be

 accompanied by invoice bearing VA Liaison signature for reference of certifying official. (For

 additional information, Reference: VAAR 852.273-72 Electronic Submission of Payments pg.

 23. and FAR 52.232-33 Payments by Electronic Funds Transfer—System for Award

 Management pg.27.) .

**D.11. QUARTERLY PERFORMANCE REPORT:** The contractor shall provide the COR with a

 written report detailing program data and activities on a quarterly basis. The report should

 contain, at minimum, the following information:

* Total Number of Veterans Served
* Occupancy rate
* Percent of Veterans discharged to independent housing
* Percent of negative discharges (i.e. discharges due to rule violation, failure to comply with program requirements, or unexpected discharges without prior consultation with staff).
* Other information the contractor feels pertinent, such as: quality improvement projects, changes in staffing or business practices, systems or resource concerns, etc.

**DELIVERABLE TIME TABLE**

|  |  |
| --- | --- |
| Deliverables | Due Dates |
| **D.1.** **QUALITY CONTROL BUSINESS PLAN** | Due upon solicitation close date |
| **D.2. STAFFING AND SERVICE PLAN** | Due upon solicitation close date |
| **D.3. DOCUMENTATION OF SUPPORTIVE SERVICES:** | Completed Veteran case record due upon case close out; due to VA upon request only. |
| **D.4. CARE PLAN** | Due in Veteran case record by day 14; due to VA upon request |
| **D.5. CRITICAL INCIDENT REPORTS** | Due within 24 business hours of a critical adverse event involving a Veteran |
| **D.6. EXTENSION REQUESTS** | Due prior to the expiration of any authorized period of service |
| **D.7. DISCHARGE REPORTS** | Due within 48 business hours of Veteran discharge |
| **D.8. SATISFACTION SURVEYS** | Due at the end of each monthly service period |
| **D.9. DAILY CENSUS SIGN-IN SHEET** | Due daily |
| **D.10. INVOICES** | Due to VA Liaison by the 5th of the month immediately following the billing period in question; due in Tungsten Network (electronic billing system) by the 10th of the month immediately following the billing period in question. |

**Figure D.11.1**

**E. REFERRALS**

**E.1.** The VA is capable in determining eligibility of Veterans prior to admission to contractor

 bed for services. The contractor is expected to work with identified VA Liaison or other

 designees to confirm eligibility; it is understood that payment for Veterans admitted without an

 initial determination of eligibility may not be authorized if the Veteran is found to be ineligible.

**E.1.2.** A list of authorized VA ordering personnel, including primary identified VA Liaison, shall be

 made available to the contractor upon award of the contract. VA employees may be added or

 deleted from this list during the term of the contract at the discretion of VA. The contractor

 shall not deviate from the list of individuals authorized to approve admissions without an

 updated list.

**E.1.3.** Referral constitutes authorization of an initial service period of up to 90 days (unless otherwise

 specified).

**F.** **ABSENCES AND CANCELLATION**

**F.1.** The Contractor shall notify VAMC of any absences from the facility. Absences of the patient

 from the facility in excess of forty-eight (48) hours will not be reimbursable except those with

 the prior approval of the VAMC coordinator. Should a patient referred to a residential treatment

 facility absent himself/herself in an unauthorized manner, payment for services for that Veteran

 to the contract facility would be continued for a maximum period of two days provided there is

 an active outreach attempt on the part of the contractor facility staff to return the Veteran to the

 residential treatment program and a strong likelihood that the patient will return. Management of

 Negative Exits will be an element of quality assurance review of this program.

**F.2.** The contractor may consider providing an authorized absence (or “pass”) for purposes that are

 expected to further the recovery goals of a Veteran (e.g., job-related absences, family visits,

 housing searches, medical, etc.). All requests for passes must be documented in writing in the

 Veterans individual case record. Authorized absences shall not exceed 48 hours in any given

 month for any single Veteran, unless otherwise approved by contractor *and* VA Liaison.

**F.3**. VA reserves the right to remove any or all Veterans from the facility at any time without

 additional cost, when it is determined to be in the best interest of the Veteran or VA.

**G.** **CONDUCT**

**G.1.** The contractor shall comply with the principles listed in 38 CFR 17.707(b) to provide housing

 and supportive services in a manner that is free from religious discrimination.

**G.2.** Local law enforcement and/or fire departments should be contacted for assistance and

 intervention as appropriate and indicated by any given circumstances.

**G.3.** The contractor shall also notify the VA Liaison, AOD, or COR immediately of any high risk

 situations involving veterans with suicidal and/or homicidal threats or ideation, episodes of

 physical or sexual violence, sexual activities, safety concerns, or activities involving illegal

 substances so that appropriate response may be coordinated.

**G.4.** In the event of a medical or psychiatric emergency, it is agreed that every effort will be made to

 facilitate Veteran access to local VA Medical Center for care. If a VA Medical Center is not

 available in the vicinity or is otherwise inconveniently located, the Contractor will advise the VA

 Liaison or AOD of the facility to which the Veteran has been admitted. The Contractor will also

 be expected to assist Veteran’s requiring non-urgent services with accessing appropriate care

 from a VA or community facility, as appropriate.

**H.** **COMPLAINTS**

The identified VA Liaison and the Contracting Officer’s Representative (COR) will monitor the services being provided in all HCHV CERS Facilities. The contractor is expected to cooperate with VA Staff and COR by providing information and answering questions in a timely manner when requested. Contractor shall refer complaints received directly from Veterans to the identified VA Liaison or COR within 48 hours of complaint. All complaints received by the VA Liaison or COR will be immediately forwarded to the contractor and shall be investigated promptly. After investigation and clarification of disposition, the contractor shall respond to the VA Liaison or COR within five (5) working days or less with proposed resolution or plan for corrective action. The CO shall be notified in instances where the proposed course of action or response does not appear sufficient to resolve any given complaint.

**I. TRAVEL**

The contractor is expected to assist Veterans with arranging local transportation to scheduled meetings and appointments. The contractor is expected to help Veterans understand and learn how to utilize public transportation; this includes providing access to information and clarifying instructions necessary to effectively utilize public transit systems. If contractor and VA staff both determine that public transportation is not available, adequate, or appropriate for any Veteran, the contractor will be expected to assist the Veteran with identifying potential alternative modes of transport, however, under no circumstances is the contractor expected to provide transportation to a Veteran directly.

**J. FACILITIES**

**J.1. General requirements:** It is the responsibility of the Contractor to properly maintain its facilities and the VA shall have no responsibility for paying or reimbursing the Contractor for such expenses. The contract facility must:

J.1.1 Have a current occupancy permit issued by the local and state governments in the

 jurisdiction where the facility is located.

J.1.2. Be in compliance with existing standards of State safety codes and local, and/or State health

 and sanitation codes.

J.1.3. Meet the requirements of the Americans with Disabilities Act (ADA) (Public Law 100-336,

 42 USC 12101-12213) pertaining to handicapped accessibility in effect on the date of

 contract award.

J.1.4. Where applicable, be licensed under State or local authority.

J.1.5. Where applicable, be accredited by the State.

J.1.6. Be equipped with operational air conditioning /heating systems

J.1.7. Be kept clean free of dirt, grime, mold, or other hazardous substances and damaged

 noticeably detract from the overall appearance.

J.1.8. Be equipped with first aid equipment and an evacuation plan in case of emergency.

J.1.9. Have windows and doors that can be opened and closed in accordance with manufacturer

 standards.

J.1.10. Have an aggressive on-going plan to address bed bug infestation. This policy must be a

 part of your written response to this solicitation. On-going bed bug infestation will be

 grounds for immediate discharge of Veterans from the facility

 **J.2.** **Fire Safety Requirements:**

**J.2.1.** The building must meet the requirements of the applicable residential occupancy chapters of the current version of NFPA 101, National Fire Protection Association's Life Safety Code. Any equivalencies or variances must be approved by VANCHCS Director

**J.2.2.** Fire exit drills must be held at least quarterly. Residents must be instructed in evacuation procedures when the primary and/or secondary exits are blocked. A written fire plan for evacuation in the event of fire shall be developed and reviewed annually. The plan shall outline the duties, responsibilities and actions to be taken by the staff and residents in the event of a fire emergency. This plan shall be implemented during fire exit drills.
A written policy regarding tobacco smoking in the facility shall be established and enforced.

**J.2.4.** Portable fire extinguishers shall be installed at the facility. Use NFPA 10, Portable Fire Extinguishers, as guidance in selection and location requirements of extinguishers. Requirements for fire protection equipment and systems shall be in accordance with NFPA 101. All fire protection systems and equipment, such as the fire alarm system, smoke detectors, and portable extinguishers, shall be inspected, tested and maintained in accordance with the applicable NFPA fire codes and the results documented.

 **J.3** **Inspection:** Prior to the award of any contract and annually thereafter during any subsequent

 contracted performance periods, a multidisciplinary VA team consisting of a social worker,

 dietitian or nutrition and food service professional, nursing staff, VA Police, and a Safety and

 Occupational Health Specialist, as well as any other subject matter experts determined necessary

 by the medical center director, COR, HCHV Coordinator, or VA Liaison, shall conduct a survey

 of the contractor’s facilities to be used to provide Veterans food, shelter, and clinical services to

 assure the facility provides acceptable level quality care in a safe environment. Additional

 inspections may also be carried out, announced or unannounced at any other time as deemed

 necessary by VA. (See PWS Addendum 2 Copy of Blank Inspection Form)

The contractor will be advised of the findings of the inspection team. If deficiencies are noted during any inspection, the contractor will be given a reasonable amount of time (typically 30 days) to take corrective action and to notify the Contracting Officer that the corrections have been made. A contract will not be awarded until noted deficiencies have been eliminated. Failure by the Contractor to take corrective action within the reasonable time provided will be reported to the VA Contracting Officer. If corrections are not made to the satisfaction of the VA, the Contracting Officer will be notified, and shall be the final arbiter on the necessary resulting consequences and action.

The inspection of the Contractor facilities will include inspection for conformity to the current Life Safety Code as described in paragraph 5, and will also include the following:

**J.3.1.** General observation of residents to determine if they maintain an acceptable level of personal hygiene and grooming.

**J.3.2.**Assessment of whether the facility meets applicable fire, safety and sanitation standards.

**J.3.3.** Determining whether the facility is in attractive surroundings conducive to social interaction and the fullest development of the resident's rehabilitative potential.

**J.3.4.** Observation of facility operations to see if appropriate organized activity programs are available during waking hours (including evenings) and degree to which a high level of activity is observed in the facility, such as individual professional counseling, physical activities, assistance with health and personal hygiene.

**J.3.5.** Seeking evidence of facility-community interaction, demonstrated by the nature of scheduled activities or by information about resident flow out of the facility, e.g., community activities, volunteers, local consumer services, etc. This should include not less than one homeless Veteran or formally homeless Veteran on the board of directors or the equivalent policy making entity. It should also include attempts to involve homeless Veterans through employment, volunteer services, or otherwise in construction, rehabilitation, maintaining, and operation of the program.

**J.3.6.** Observation of staff behavior and interaction with residents to determine if they convey an attitude of genuine concern and caring.

**J.3.7.** Inspecting the types of meals and other nutrition provided to residents to see if appetizing, nutritionally adequate meals are provided in a setting, which encourages social interaction and if nutritious snacks between meals and bedtime are available for those requiring or desiring additional food, when it is not medically contraindicated.

**J.3.8.** Making a spot check of Veterans’ records to ensure accuracy with respect to Veterans’ length of stay and services provided to the Veterans.

All Department of Veterans Affairs inspection findings for residential facilities furnishing treatment and rehabilitative services to eligible Veterans shall, to the extent necessary, be made available to all government agencies charged with the responsibility of licensing or otherwise regulating or inspecting such institutions.

**K. CERTIFICATION & ACCREDITATION REQUIREMENTS**

The C&A requirements do not apply, and a Security Accreditation Package is not required.

**Records Management Language**

Records Management Language for Contracts Required

The following standard items relate to records generated in executing the contract and should be included in a typical Electronic Information Systems (EIS) procurement contract:

1. Citations to pertinent laws, codes and regulations such as 44 U.S.C chapters 21, 29, 31 and 33; Freedom of Information Act (5 U.S.C. 552); Privacy Act (5 U.S.C. 552a); 36 CFR Part 1222 and Part 1228.
2. Contractor shall treat all deliverables under the contract as the property of the U.S. Government for which the Government Agency shall have unlimited rights to use, dispose of, or disclose such data contained therein as it determines to be in the public interest.
3. Contractor shall not create or maintain any records that are not specifically tied to or authorized by the contract using Government IT equipment and/or Government records.
4. Contractor shall not retain, use, sell, or disseminate copies of any deliverable that contains information covered by the Privacy Act of 1974 or that which is generally protected by the Freedom of Information Act.
5. Contractor shall not create or maintain any records containing any Government Agency records that are not specifically tied to or authorized by the contract.
6. The Government Agency owns the rights to all data/records produced as part of this contract.
7. The Government Agency owns the rights to all electronic information (electronic data, electronic information systems, electronic databases, etc.) and all supporting documentation created as part of this contract. Contractor must deliver sufficient technical documentation with all data deliverables to permit the agency to use the data.
8. Contractor agrees to comply with Federal and Agency records management policies, including those policies associated with the safeguarding of records covered by the Privacy Act of 1974. These policies include the preservation of all records created or received regardless of format [paper, electronic, etc.] or mode of transmission [e-mail, fax, etc.] or state of completion [draft, final, etc.].
9. No disposition of documents will be allowed without the prior written consent of the Contracting Officer. The Agency and its contractors are responsible for preventing the alienation or unauthorized destruction of records, including all forms of mutilation. Willful and unlawful destruction, damage or alienation of Federal records is subject to the fines and penalties imposed by 18 U.S.C. 2701. Records may not be removed from the legal custody of the Agency or destroyed without regard to the provisions of the agency records schedules.
10. Contractor is required to obtain the Contracting Officer's approval prior to engaging in any contractual relationship (sub-contractor) in support of this contract requiring the disclosure of information, documentary material and/or records generated under, or relating to, this contract. The Contractor (and any sub-contractor) is required to abide by Government and Agency guidance for protecting sensitive and proprietary information.